

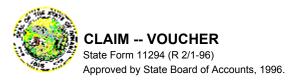
due, after allowing all just credits, and that no part of the same has been paid.

Signature of Vendor

Name of agency personnel who prepared this claim.			
Name:	Phone:		

INSTRUCTIONS: This agency is requesting disclosure of your Social Security Number in accordance with I.C. 4-1-8 **VENDOR INFORMATION** AGENCY INFORMATION Document Number Date (Month, Day, Year) Agency Name FSSA/Family and Social Services Administration Vendor Name Agency Number 500 Address (Number, Street) Social Security Number 1099 CODE Address (P. O Box Number) Federal I. D. Number/EIN 1099 CODE NO City, State, and ZIP Code (00000-0000) Vendor Number AREA BELOW TO BE COMPLETED BY AGENCY. DATE **AMOUNT** FUND **OBJECT** CENTER LOAN/INV/NBR QTY. UNIT **DESCRIPTION** 2250 572700 150000 IMPACT (Food Stamps E & T) NO **CONTRACT BEGINNING AND ENDING** DATES. CONTRACT NUMBER: **COUNTY NAME COUNTY NUMBER:** SERVICE GROUP AMOUNT County Stamp date received 0001 JOBSEARCH DEVELOPMENT AND PLACEMENT 0002 JOB TRAINING 0003 ASSESSMENT County Approval person name and date 0006 JOB READINESS 8000 CASE MANAGEMENT Reviewed by IMPACT Representative Furnished to: (Name of State Agency) FSSA/Family and Social Services Administration **GROSS AMOUNT \$** certify that this claim is correct and valid and is a proper charge against the State Agency, Fund, and Center indicated. Authorized Signature of State Agency Date (Month, Day, Year) Pursuant to the provisions and penalties of Indiana Code 5-1-11-10-1, I hereby certify that the foregoing Fund and Center is just and correct, that the amount claimed is legally

Date (Month, Day, Year)



Name of agency personnel who prepared this claim.				
Name:	Phone:			

INSTRUCTIONS: This agency is requesting disclosure of your Social Security Number in accordance with I.C. 4-1-8

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				RMATION	•		NCY INF		
Document Number Date (Month, Day, Year)			Agency Name FSSA/Family and Social Services Administration						
Vendor Name				Agency Number 500					
Addre	ess (Numb	per, Street)				Social Security Number			1099 CODE
Address (P. O Box Number)						Federal I. D. Number/EIN			1099 CODE NO
City,	State, and	ZIP Code (00000	-0000)			Vendor Number			
				AREA BELOV	V TO BE COM	PLETED BY AGE	NCY.		
С	DATE	AMOUNT	FUND	OBJECT	CENTER	LOAN/INV/NBR	QTY.	UNIT	DESCRIPTION
			3560	572700	170300	JOBS (TANF)			NO
	CONTR	ACT BEGINNING			AND ENDING		DATES.		
		ACT NUMBER:		CO	UNTY NUMBER:		COUNT	Y NAME:	
SERV									
GROL	JP AMOU	NT							County Stamp date received
0001			JOBSEA	RCH DEVELOPM	ENT AND PLAC	 EMENT			
0002			JOB TRA	INING					
0003			ASSESSI	MENT					County Approval parson name and data
0006			JOB REA	DINESS					County Approval person name and date
8000			CASE MA	ANAGEMENT					Reviewed by IMPACT Representative
									, , , , , , , , , , , , , , , , , , , ,
						Furnished to: (Name			
		GROSS AMO	OUNT \$			FSSA/F	amily a	nd Soc	ial Services Administration
				id is a proper char	ge against the Sta	ate Agency, Fund, and		dicated.	
Authorized Signature of State Agency				Date (Month, Day, Year)					
due, aft	er allowing a	Il just credits, and that			y certify that the forego	oing Fund and Center is just		that the an	nount claimed is legally
Signa	ture of Ve	endor				Date (Month, Day, Year)			

TO: DIVISION OF FAMILY AND CHILDREN, IMPACT (Food Stamps E & T)

	•	, , , , , , , , , , , , , , , , , , , ,		
ACCOUNT #	2250/572700/150000		CONTRACT#	
			COUNTY NUMBER :	
VENDOR NAME:			COUNTY NAME:	
FEDERAL ID#:				

DATE:

	NAME	S. S. NUMBER	COMPONENT CODE	DATE OF COMPLETION	AMOUNT	ABAWD Y or N
1						
3						
4						
5						
7						
8						
9 10						
12						
11 12 13 14 15						
16 17						
18						
18 19						
20						

SERV	ICE GROUP TOTALS
0001	\$
0002	\$
0003	\$
0006	\$
8000	\$
GRAN	ID TOTALS \$

TO: DIVISION OF FAMILY AND CHILDREN, JOBS (TANF)

ACCOUNT #	3560/572700/170300	CONTRACT#	
-		COUNTY NUMBER :	
VENDOR NAME:		COUNTY NAME:	
FEDERAL ID#:			

DATE:

			COMPONENT	DATE OF	
	NAME	S. S. NUMBER	CODE	COMPLETION	AMOUNT
1					
2					
3					
5					
6					
7					
8					
9					
9 10 11					
12					
13					
14 15 16 17					
15					
17					
18					
19					
20		_	_		

	ICE GROUP TOTALS
0001	\$
0002	\$
0003	\$
0006	\$
8000	\$
GRAN	ND TOTALS \$